



MARICOPA COUNTY

MARIFLEX FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

EMPLID: _____
(Nine Digit Number Example 81#####)

Name: _____
(Please Print)

Contact Phone number: _____
(Used to contact you if clarification needed)

To enroll, decide how much you want to deposit in your account(s) for the next FSA plan period July 1, 2008 – June 30, 2009 based on your anticipated, predictable health care and/or dependent care expenses that you or your eligible dependent(s) (as defined by the IRS) will **incur between July 1, 2008 – June 30, 2009**. Taking time to accurately and conservatively estimate your expenses is very important because any money left unclaimed in your account(s) at the end of the plan period will be forfeited to the Maricopa County Employee Benefits Trust Fund and cannot be returned to you. To minimize this potential forfeiture, Maricopa County provides a two and one-half month grace period for the health care FSA (through Sept. 15, 2009) that allows you extra time to incur expenses if you've over-estimated your health care expenses. All claims for this plan period must be filed with ASI no later than Nov. 30, 2009.

The total amount you wish to deposit for this plan period, July 1, 2008 through June 30, 2009, will be divided into 26 equal payroll installments and deposited into your account through automatic payroll deduction.

Then, when you pay for an eligible expense, submit a claim to the Mariflex administrator, ASI, for reimbursement. The Health Care FSA reimburses incurred expenses up to the total amount of your plan period election. The Dependent Care FSA reimburses expenses incurred up to the amount you have contributed to your account. Claims are usually processed and paid by ASI within one business day of receipt. A debit card for health care expenses also available for your convenience for a small monthly administrative fee.

MARIFLEX HEALTH CARE FLEXIBLE SPENDING ACCOUNT

The health care FSA pays for certain health care expenses not covered by health insurance. Plan period contributions are limited to \$5,200.

I elect to establish a health care FSA for the plan period July 1, 2008 through June 30, 2009.

\$ _____ X PAY PERIODS = _____ (Can't exceed \$5,200)
PER PAY PERIOD PLAN PERIOD ELECTION
DEDUCTION

MARIFLEX DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The dependent care FSA pays for dependent care (child care or elder day care) expenses. Plan period contributions are limited to \$5,000. However, if you are married and file a separate tax return, the maximum contribution is limited to \$2,500. If you are married and file a joint tax return, the maximum annual contribution is limited to the lesser of your earned incomes or \$5,000, whichever is less.

The dependent care FSA is not to be used for your dependents' health care expenses. Dependents' health care expenses should be considered in the amount you set aside in the health care FSA.

I elect to establish a dependent care FSA for the plan period July 1, 2008 through June 30, 2009.

\$ _____ X PAY PERIODS = _____ (Can't exceed \$5,200 or \$2,500 if married filing separate tax return)
PER PAY PERIOD PLAN PERIOD ELECTION
DEDUCTION

CHECK ONE: ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separate

I hereby authorize the payroll deductions based on my elections above. I understand that this agreement cannot be changed until the next open enrollment, unless an applicable qualified status change occurs.

Employee's signature: _____ Date: _____